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CONFIRMATION NO. 7390

<b>SERIAL NUMBER</b> 10/644,797	<b>FILING OR 371(c) DATE</b> 12/17/2003 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1643	<b>ATTORNEY DOCKET NO.</b> 111828-00109	
<b>APPLICANTS</b> Katherine Meyer Siegler, Seminole, FL; <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/448,894 02/24/2003 <b>** FOREIGN APPLICATIONS *****</b> <i>SR</i> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 01/28/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met <i>Allowance</i> Verified and Acknowledged <i>SR</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 93	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> 27557					
<b>TITLE</b> Serum macrophage migration inhibitory factor (MIF) as marker for prostate cancer					
<b>FILING FEE RECEIVED</b> 2148	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		